

Annexation Consent Form

City of Chino • Community Development Department

13220 Central Avenue, PO Box 667 • Chino, California 91708-0667 • (909) 591-9812; Fax: (909) 590-5535

The undersigned owner(s) of unincorporated property situated in the County of San Bernardino, State of California, do hereby request that the City Council of the City of Chino act to initiate the annexation of the below listed property into the City of Chino. Furthermore, I do hereby consent to the taxation of said property by the City of Chino to pay its proportionate share of any indebtedness or liability of the City, contracted prior to, or existing at the time of, my property being annexed.

Property Owner's Signature: _____ Date: _____

Name (print or type): _____ Phone: _____

Address: _____ APN: _____

Property Owner's Signature: _____ Date: _____

Name (print or type): _____ Phone: _____

Address: _____ APN: _____

Property Owner's Signature: _____ Date: _____

Name (print or type): _____ Phone: _____

Address: _____ APN: _____

Property Owner's Signature: _____ Date: _____

Name (print or type): _____ Phone: _____

Address: _____ APN: _____

Property Owner's Signature: _____ Date: _____

Name (print or type): _____ Phone: _____

Address: _____ APN: _____

Property Owner's Signature: _____ Date: _____

Name (print or type): _____ Phone: _____

Address: _____ APN: _____

Property Owner's Signature: _____ Date: _____

Name (print or type): _____ Phone: _____

Address: _____ APN: _____

Property Owner's Signature: _____ Date: _____

Name (print or type): _____ Phone: _____

Address: _____ APN: _____